

# INDIANA BOND BANK

2980 Market Tower  
10 West Market Street  
Indianapolis, Indiana 46204  
(317) 233-0888  
(800) 535-6974  
(FAX: 317-233-0894)

## APPLICATION FORM

### Part I

The undersigned Qualified Entity (the Applicant) hereby requests the Indiana Bond Bank to purchase the following described obligations of the Applicant. **This application shall not constitute a contract or a commitment to enter into a contract.**

1. Legal name of Qualified Entity \_\_\_\_\_
2. Federal Tax Identification Number \_\_\_\_\_
3. Primary county in which located \_\_\_\_\_
4. Mailing address \_\_\_\_\_  
\_\_\_\_\_
5. Authorized Representative  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_
6. Financial Officer \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Office phone: \_\_\_\_\_
7. City \_\_\_\_\_ School \_\_\_\_\_ University \_\_\_\_\_  
Town \_\_\_\_\_ Library \_\_\_\_\_ Other \_\_\_\_\_  
County \_\_\_\_\_ Hospital \_\_\_\_\_
8. Legislative Body: (e.g., Common Council, Town Council)  
\_\_\_\_\_

9. Principal government services (Public Safety, Public Works, Library, Parks and Recreation, Other): \_\_\_\_\_

Total employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteer \_\_\_\_\_

10. a. Amount of proposed bond issue \$ \_\_\_\_\_
- b. Amount of proceeds required \$ \_\_\_\_\_
- c. Authorized by \_\_\_\_\_
- d. Date authorized \_\_\_\_\_
- e. Dated date of bonds \_\_\_\_\_
- f. Does this issue come under any constitutional or statutory debt limit?
- YES [ ] NO [ ]
- g. Debt limit (dollars) \_\_\_\_\_ % of Assessed Valuation \_\_\_\_\_
- h. Purpose of issue (describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- i. Is this issue parity or junior (revenue issue only) \_\_\_\_\_
- j. Desired closing date \_\_\_\_\_
- k. Funding anticipated
- |  |                 |
|--|-----------------|
| Federal funds                          | _____           |
| State funds                            | _____           |
| Issuer                                 | _____           |
| Other (describe below*)                | _____           |
| Grants or Commitments received to date | _____           |
| TOTAL PROJECT COST                     | \$ <u>_____</u> |

\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Status of project. Fill in appropriate dates.

Architect study submitted \_\_\_\_\_

Engineers estimates submitted \_\_\_\_\_

Bids awarded \_\_\_\_\_

Construction timetable: Start \_\_\_\_\_

Estimated completion \_\_\_\_\_

End of remonstrance period (if any) \_\_\_\_\_

State Board of Tax Commissioners approval required? \_\_\_\_\_

If yes, date of approval \_\_\_\_\_.

11. Proposed maturity schedule of your bond issue (subject to adjustment).

a.	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>
	1999	_____	2005	_____	2011	_____	2017	_____	2023	_____
	2000	_____	2006	_____	2012	_____	2018	_____	2024	_____
	2001	_____	2007	_____	2013	_____	2019	_____	2025	_____
	2002	_____	2008	_____	2014	_____	2020	_____	2026	_____
	2003	_____	2009	_____	2015	_____	2021	_____	2027	_____
	2004	_____	2010	_____	2016	_____	2022	_____	2028	_____

Date(s) of principal payment (month/day) \_\_\_\_\_

Date(s) of interest payments (month/day) \_\_\_\_\_

Date of first interest payment (month/day/year) \_\_\_\_\_

Redemption provisions \_\_\_\_\_

b. In what manner are proceeds to be received (i.e., cashiers check, wire transfer, etc.).  
If wire transfer, list receiving bank, account name and number.

\_\_\_\_\_

12. Professional personnel (Firm & Individual) (employed at Qualified Entity's expense).

a. Bond counsel \_\_\_\_\_

b. Qualified Entity's counsel \_\_\_\_\_

c. Financial advisor \_\_\_\_\_

d. Auditing firm \_\_\_\_\_

- e. Project engineer \_\_\_\_\_
- f. Other \_\_\_\_\_

13. Name of local depository bank \_\_\_\_\_

14. **Please enclose with the Application the following** (if not previously filed with the Bond Bank).

- a. Two copies of the latest three annual financial reports as filed with the State Board of Accounts.
- b. Two copies of the last three annual audit reports.
- c. Most recent budgets and receipts and disbursements statement, if not included in annual financial reports.
- d. Any financial report concerning proposed project which has been prepared and submitted to legislative body.
- e. If the Qualified Entity has sold any bonds or notes within the last three years, and if available, two copies of the notice of sale and official statement used in connection with the bond or note sale.

15. Are there any other factors, including pending law suits, not shown above that have occurred since the date of your last annual report or financial statements that might significantly affect your revenues, expenditures or overall financial condition?

YES [ ]

NO [ ]

If yes, please submit an explanation in detail and attach to this section.

## DEBT INFORMATION

### Part II

1. Fiscal year \_\_\_\_\_
2. List Qualified Entity's long-term debt (longer than one year) outstanding as of the date of this application with latest Standard & Poor's or Moody's bond rating, if applicable:

a. <u>Tax Supported:</u>	AS OF (date) _____	<u>Rating*</u>
General Obligation	\$ _____	_____
Special Taxing Districts (if a city or county)		
_____	_____ \$	_____
_____	_____ \$	_____
_____	_____ \$	_____
_____	_____ \$	_____

#### Lease Obligations

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

#### Total Tax Supported

\$ \_\_\_\_\_

#### b. Revenue Supported:

Water	\$ _____	_____
Sewer	\$ _____	_____
Electric	\$ _____	_____
Gas	\$ _____	_____
Other	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

#### Total Revenue Supported

\$ \_\_\_\_\_

\* (Example: "S&P/A-" or "M/Baa")

- c. Are the municipal employees members of the Indiana Public Employees' Retirement Fund?

YES [ ]

NO [ ]

If no, please describe any retirement plan which the municipal employees are members of and include a brief description listing the estimate of unfunded pension liability (if available).

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3. List temporary loans in anticipation of receipts of taxes, revenues or other funds:

<u>Item</u>	<u>Amount</u>	<u>Original Date Of Issuance</u>	<u>Maturity Date</u>
Taxes or Revenues	\$ _____	_____	_____
Bonds	_____	_____	_____
Federal Aid	_____	_____	_____
 TOTAL	 \$ _____		

4. DEBT OUTSTANDING BY MATURITY of the Qualified Entity (not including this issue).

<u>Year Payable</u>	<u>Principal Amount</u>	<u>Aggregate Interest</u>	<u>Total</u>
1999	\$ _____	\$ _____	\$ _____
2000	_____	_____	_____
2001	_____	_____	_____
2002	_____	_____	_____
2003	_____	_____	_____
2004	_____	_____	_____
2005	_____	_____	_____
2006	_____	_____	_____
2007	_____	_____	_____
2008	_____	_____	_____
2009	_____	_____	_____
2010	_____	_____	_____
2011	_____	_____	_____
2012	_____	_____	_____
2013	_____	_____	_____
2014	_____	_____	_____
2015	_____	_____	_____
2016	_____	_____	_____
2017	_____	_____	_____
2018	_____	_____	_____
2019	_____	_____	_____
2020	_____	_____	_____
2021	_____	_____	_____
2022	_____	_____	_____
2023	_____	_____	_____
2024	_____	_____	_____
2025	_____	_____	_____
2026	_____	_____	_____
2027	_____	_____	_____
TOTALS	\$ <u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

5. In addition to the indebtedness described in Part II number 2, list all debt that the Qualified Entity is indirectly liable for and other expenses that are incurred by various overlapping government authorities and agencies such as county, school, township, special taxing district, etc.

<u>Category</u>	<u>Outstanding Debt</u>	<u>QE Share of Outstanding Debt</u>
County	\$ _____	_____ %
School	_____	_____ %
Township	_____	_____ %
Special Taxing District (e.g. School Corporations)	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
Other:		
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
TOTAL	\$ _____	

6. Authorized but unissued debt.

<u>Purpose</u>	<u>Amount</u>	<u>To be Included in this Issue</u>	<u>Remaining Authorized (but unissued)</u>
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____



7. After this issue, what prospective financing does the Qualified Entity anticipate? Please provide a copy of a capital improvement plan, if available.

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## FINANCIAL INFORMATION

### Part III

1. Assessed Valuation (last five years)

<u>Year</u>	<u>Real Property</u>	<u>Personal Property</u>	<u>Total Net Assessed Valuation</u>	<u>True Tax Value</u>
19__	\$ _____	\$ _____	\$ _____	\$ _____
19__	_____	_____	_____	_____
19__	_____	_____	_____	_____
19__	_____	_____	_____	_____
19__	_____	_____	_____	_____

2. Tax Anticipation Note Borrowing (last five years)

<u>Date of Issue</u>	<u>Amount of Issue</u>	<u>Due Date</u>
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____

3. Tax Collections (last five years)

<u>Year</u>	<u>Total Property Tax Levy</u>	<u>Collected by Year End</u>	<u>% Collection</u>
19__	\$ _____	\$ _____	_____ %
19__	_____	_____	_____ %
19__	_____	_____	_____ %
19__	_____	_____	_____ %
19__	_____	_____	_____ %

4. Gross Tax Rate including City, Town, School, County, Township, Special Taxing District, etc. for the last five years (or include copy of tax rate table).

<u>Category</u>	<u>Years</u>				
	19__	19__	19__	19__	19__
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTALS

5. Ten largest taxpayers in \_\_\_\_\_ (indicate whether Town, City, County or SMSA) (list in descending order).

	<u>Name</u>	<u>Type of Business</u>	<u>Most Recent Assessed Valuation</u>	<u>Property Tax For FY 19</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

6. Please note any of the 10 largest taxpayers listed above that have been delinquent in paying property taxes (more than 90 days after due date) during any one or more of the last three fiscal years.

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7. Please describe geographical location, number of square miles and the major transportation facilities available in the area.

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## ECONOMIC INFORMATION

### Part IV

1. Population (as reported in U.S. Census)

	<u>Qualified Entity.....</u>		<u>County of.....</u>	
	<u>Total</u>	<u>% Change In Prior Census</u>	<u>Total</u>	<u>% Change In Prior Census</u>
Current Est.	_____	_____	_____	_____
1990	_____	_____	_____	_____
1980	_____	_____	_____	_____
1970	_____	_____	_____	_____
1960	_____	_____	_____	_____

2. Personal income (as reported in U.S. Census)

	<u>Qualified Entity</u>	<u>County</u>
19__ Median Family Income	_____	_____
19__ Per Capita Income	_____	_____

3. Largest employers (over ten employees) in descending order for 19\_\_ located in \_\_\_\_\_ (indicate whether Town, City, County or SMSA).

	<u>Name</u>	<u>Business</u>	<u>Approximate Number of Employees</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

	<u>Name</u>	<u>Business</u>	<u>Approximate Number of Employees</u>
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

4. Employment Data

a. Employment By Industry

(Source: Indiana Employment Security Division)

	<u>Average Number of Employees</u>	<u>% Total Employment</u>
Agriculture, forestry, mining	_____	_____
Construction	_____	_____
Manufacturing	_____	_____
Transportation, communications & utilities	_____	_____
Wholesale, retail trade	_____	_____
Finance, insurance, real estate	_____	_____
Services & other	_____	_____
Total Employment	=====	=====

b. Employment Trends

Qualified Entity

Annual Average 19__	_____
Annual Average 19__	_____
Annual Average 19__	_____

c. Unemployment Rates

Qualified Entity

Annual Average 19__	_____ %
Annual Average 19__	_____ %
Annual Average 19__	_____ %

5. Education (School Corporations only)

The school system is comprised of \_\_\_\_\_ school buildings.  
(number)

Elementary \_\_\_\_\_

Junior High \_\_\_\_\_

Senior High \_\_\_\_\_

Enrollments (last five years) (School Corporations only)

	<u>High School</u>	<u>Junior High</u>	<u>Elementary (K-6)</u>
19__	_____	_____	_____
19__	_____	_____	_____
19__	_____	_____	_____
19__	_____	_____	_____
19__	_____	_____	_____

6. Building Permits (last five years)

<u>Year</u>	<u>Residential</u>	<u>Non-Residential</u>	<u>Other</u>	<u>Total Value</u>
19__	\$ _____	\$ _____	\$ _____	\$ _____
19__	\$ _____	\$ _____	\$ _____	\$ _____
19__	\$ _____	\$ _____	\$ _____	\$ _____
19__	\$ _____	\$ _____	\$ _____	\$ _____
19__	\$ _____	\$ _____	\$ _____	\$ _____

7. Distribution of assessment of taxable property

<u>Year</u>	<u>Residential</u>	<u>Commercial</u>	<u>Industrial</u>
19__	_____ %	_____ %	_____ %

8. General economic characteristics

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## REVENUE ISSUERS

### Part V

This section to be filled out by Qualified Entities issuing Revenue Bonds.

1. Bond ordinance (even if preliminary)

a. Included with this application YES [ ] NO [ ]

b. Rate covenants

- 1) Rates will be set to generate net revenues at \_\_\_\_\_% of debt service.
- 2) Have you been in violation of this covenant during the past \_\_\_\_ years? If so, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Provisions for additional parity bonds \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Debt service reserve

- 1) Required debt service reserve (max. P & I, average P & I, other) \_\_\_\_\_  
\_\_\_\_\_
- 2) After this issue, debt service reserve will be \$ \_\_\_\_\_
- 3) Have you ever had to use your debt service reserve? \_\_\_\_\_  
How soon was fund replenished? \_\_\_\_\_
- 4) Source of funds (e.g., five year build up from pledged revenues, one time deposit, issue bonds): \_\_\_\_\_

2. Rates

a. Who sets rates? \_\_\_\_\_

b. Regulatory approval required? YES [ ] NO [ ]

By whom? \_\_\_\_\_

Date of approval \_\_\_\_\_ Remonstrance period \_\_\_\_\_

c. Rate history:

<u>Year</u>	<u>Rate Requested</u>	<u>Rate Approved</u>
19__	\$ _____	\$ _____
19__	\$ _____	\$ _____
19__	\$ _____	\$ _____
19__	\$ _____	\$ _____
19__	\$ _____	\$ _____

d. Expected rate increase needed for this issue \_\_\_\_\_%.

3. Pledged revenues

Please include historical and projected financial statements and schedules of past and projected collections of revenues pledged.

4. Customers

a. Ten largest customers (in descending order)

	<u>Name</u>	<u>Revenues</u>	<u>Usage (eg. - kwh, gals., ccf)</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____
6.	_____	\$ _____	_____
7.	_____	\$ _____	_____
8.	_____	\$ _____	_____
9.	_____	\$ _____	_____
10.	_____	\$ _____	_____

b. Use by type of customer:

<u>For FY 19</u>	<u>% of Total Consumption</u>	<u>% of Total Revenues</u>
Commercial	_____	_____
Industrial	_____	_____
Residential	_____	_____

c. Customer Base	<u>Number of Users</u>	<u>Total Consumption</u>
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____

5. Engineering/Feasibility Analysis:

a. When was study done \_\_\_\_\_ by whom \_\_\_\_\_

b. Is analysis included with Application? YES [ ] NO [ ]

6. Licenses & Permits:

a. Are all required licenses and permits granted? YES [ ] NO [ ]

If not, which are still pending and when do you expect approval?

<u>License/Permit/State Approvals</u>	<u>Date Expected</u>
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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## POOL PROGRAM

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### INVOICE

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**To:** Pool Program Participant

*Application fee for participation in the  
Pool Program*

**\$500.00** \*

***TOTAL:***

**\$500.00**

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**For inquiries regarding this invoice, please contact:**

**INDIANA BOND BANK**

2980 Market Tower  
10 West Market Street  
Indianapolis, IN 46204  
(317) 233-0888  
(317) 233-0894 (fax)

**Please make checks payable to: Indiana Bond Bank**

***\* This fee will be applied directly to financing costs that are associated with the issuance of debt through the Bond Bank.***

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I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.

Claimant: \_\_\_\_\_  
Dan Huge, Executive Director

**NOTE: Attach this document to your claim and it will serve as signature for the Indiana Bond Bank.**